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SECRETARY OF STATE



STATE OF TENNESSEE
Department of Intellectual and Developmental Disabilities

Frost Bldg., 4th Floor
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Nashville, Tennessee 37243

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***Public Meeting Notice Pursuant to
Tennessee Code Annotated § 33-1-309***

In accordance with §§ 33-1-309 of the *Tennessee Code Annotated* the Department of Intellectual and Developmental Disabilities (Department) giving notice through the Tennessee Administrative Register of the following Public Meeting:

General Description.

The Department will be changing its current Provider Manual. The Provider Manual is an operating guideline for DIDD Service Providers. There have been changes made within waiver services. Three (3) new waiver services were added and needed to be reflected in the Provider Manual.



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***Public Meeting Notice Pursuant to
Tennessee Code Annotated § 33-1-309 (Cont.)***

Date, Time & Place of the Public Meeting and Opportunity to Comment.

This public meeting will take place on Tuesday, October 1st, 1 P.M. - 4 P.M. @ One Cannon Way Drive, Clover Bottom Development Center Campus 275 Stewart's Ferry Pike, Nashville, Tennessee 37217. Interested persons may provide written and/or oral comments to the changes made to the Provider Manual.

Name, Address and Telephone Number Contact Person.

**Dr. Barbara Wilson, Administrative Assistant
Department of Intellectual and Developmental Disabilities
Frost Bldg., 161 Rosa L. Parks Blvd.
Nashville, TN 37243
(615) 741-9135**

Department of Intellectual and Developmental Disabilities
Office of Policy & Innovation
Division of Policy

Summary of Revisions to the DIDD Provider Manual
August 29, 2013

Summary: The Department of Intellectual and Developmental Disabilities (DIDD) conducted an extensive review and revision of the DIDD Provider Manual, which has been condensed from 544 to 225 pages. The Department's approach to this process was to eliminate redundant information, clarify existing provider requirements, describe requirements associated with new waiver services, and describe new processes developed by the Department in order to support providers (e.g. New Provider Support Process). The primary purpose of this document is to present a high level overview of new requirements for providers. The document is organized by chapter, with annotations to the applicable section of the provider manual. This summary attempts to highlight as many of the changes as possible but cannot be all inclusive based on the size and complexity of the document and review.

Revisions throughout the Provider Manual

- Updated the Department name to reflect change from Division to Department
- Removed outdated terminology such as service recipient and mental retardation and replaced with current terminology such as person supported and intellectual disability
- Waiver service definitions are now separate from the Provider Manual and available on the Department's web site. It must be emphasized that providers are still required to comply with the requirements contained within the waiver services definitions.

Introduction

- Updated the Department's statements of Mission, Vision, and Values

Chapter 1: Eligibility, Enrollment, and Disenrollment

- No new requirements for providers

Chapter 2: Rights Applicable to All People with Intellectual Disabilities

- 2.7.b – Providers required to comply with Health Information Technology for Economic and Clinical Health Act (HITECH)
- 2.10.c – Provider Responsibilities Related to Court-Appointed Legal Representatives

Chapter 3: Individual Support Planning and Implementation

- Table 3.6.1 – Independent Support Coordinators (ISCs) and Case Managers (CMs) required to collect information on Third Party Payer Services and Community Supports
- 3.10.b – Residential, Day, and Personal Assistance Providers required to complete periodic reviews

Chapter 4: Support Coordination and Case Management

- 4.6.h - Independent Support Coordinators (ISCs) and Case Managers (CMs) are responsible for coordinating services with the person's Managed Care Organization
- 4.6.i - Independent Support Coordinators (ISCs) and Case Managers (CMs) are responsible for coordinating services prior to the person's 21st birthday

Chapter 5: General Provider Requirements

- 5.2.b – Providers required to confirm potential employees are not listed on the Office of Inspector General's List of Excluded Individuals/Entities
- 5.4 – Providers required to have an ongoing self-assessment process
- 5.6.4.b – Requirements for unannounced supervisory visits for Family Model Residential
- 5.5 – Providers required to have an Internal Quality Improvement (QI) Plan
- 5.12 – Providers required to notify DIDD of changes in provider information

Chapter 6: Staff Development

- 6.5.c – Requirements applicable to provider staff delivering employment supports. Phase III Training for Job Coaches

Chapter 7: Protection from Harm

- 7.1.c – Added categories of reportable incidents: Manual Restraint, Mechanical Restraint, Protective Equipment

Chapter 8: Health Care Management

- 8.3.a – Providers required to obtain consents and releases of information
- 8.4 – Providers required to integrate behavioral and therapeutic health supports
- 8.8 – Primary Provider has requirements related to hospitalizations
- 8.9 – ISCs required to address end of life issues with persons supported

Chapter 9: Quality Management

- 9.4 – New provider support process. This requirement impacts new providers, not existing providers

- 9.13 – Regional Provider Support Teams. This requirement impacts providers who are not performing according to Quality Management standards

Chapter 10: Creation and Maintenance of Provider Records

- 10.3 – Providers required to give person's supported and their legal representative, access to the person's records
- 10.8.b.6 – Behavior Service provider's requirements applicable to behavior service records. Contact Notes are validated by a co-signature line for staff at the service location that includes time in and out, or by the behaviorist's signature in the service location's visitor log that includes time in and out

Chapter 11: Residential and Day Services

- 11.1.e – Requirements applicable to Semi-Independent Living Services
- 11.1.f – Requirements applicable to Intensive Behavior Residential Services
- 11.1.g.1 – Requirements described in the following documents: Level Descriptions for Day Services, Level Descriptions for Family Model Residential Services, Level Descriptions for Residential Habilitation and Supported Living, Level Descriptions for Respite Services, Staffing Standards for Residential and Day Services

Chapter 12: Behavior Services

- 12.2 and 12.3 – Provider work product must meet standards described in Behavior Services Work Product Review
- 12.5 – Requirements applicable to Cross Systems Crisis Plans
- 12.5.a.4 – Requirements applicable to Behavior Safety Procedures
- 12.5.e – Requirements applicable to manual restraint, mechanical restraint, and protective equipment
- 12.8 – Requirements applicable to Self-Assessment and Internal QI
- 12.9 – Required provider policies

Chapter 13: Therapeutic and Therapy-Related Services

- 13.3 - Providers are responsible for assuring staff coverage for authorized services and must have a back-up plan for extended clinician illnesses, leave, or vacations
- 13.7 – Provider requirements for Self-Assessment and Internal QI

Chapter 14: Nursing, Vision and Dental Services

- No new requirements

Chapter 15: Other Waiver Services

- No new requirements